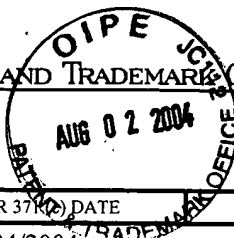




UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

APPLICATION NUMBER	FILING OR 37(c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/785,207	02/24/2004	Shanta Modak	A34446-A-PCT-USA-A

21003
 BAKER & BOTTS
 30 ROCKEFELLER PLAZA
 NEW YORK, NY 10112

CONFIRMATION NO. 8835
 FORMALITIES LETTER
 OC000000012711684
 OC000000012711684

Date Mailed: 05/19/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

08/03/2004 MAHMED1 00000005 10785207

01 FC:2051

65.00 DP

Replies should be mailed to: Mail Stop Missing Parts
 Commissioner for Patents
 P.O. Box 1450
 Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

Shew

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

BAKER BOTTS LLPPlease type a plus sign (+) inside this box → ☒**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

Application Number	10/785,207
Filing Date	Feb. 24, 2004
First Named Inventor	Modak
Group Art Unit	1615
Examiner Name	To be determined
Attorney Docket Number	A34446-A-PCT-USA-A

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):

See below |
| Remarks <input checked="" type="checkbox"/>
Executed Combined Declaration and Power of Attorney; copy of Notice to File Missing Parts; Listing of Attorneys Pursuant to 37 CFR 1.32(c)(3); return receipt postcard | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112		
Signature		Att Name:	Lisa B. Kole
		PTO Reg:	35,225
Date	July 30, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450; July 30, 2004

Typed or printed name	Lisa B. Kole
Signature	
Date	July 30, 2004

BAKER BOTTS LLP

<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; margin-right: 10px; text-align: center;"> OTPE AUG 02 2004 PATENT SCIENCE </div> <div style="text-align: center;"> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> </div> </div>		Complete if Known													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/785,207</td> </tr> <tr> <td>Filing Date</td> <td>Feb. 24, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Modak</td> </tr> <tr> <td>Examiner Name</td> <td>To be determined</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Attorney Docket No.</td> <td>A34446-A-PCT-USA-A</td> </tr> </table>		Application Number	10/785,207	Filing Date	Feb. 24, 2004	First Named Inventor	Modak	Examiner Name	To be determined	Art Unit	1615	Attorney Docket No.	A34446-A-PCT-USA-A
Application Number	10/785,207														
Filing Date	Feb. 24, 2004														
First Named Inventor	Modak														
Examiner Name	To be determined														
Art Unit	1615														
Attorney Docket No.	A34446-A-PCT-USA-A														
TOTAL AMOUNT OF PAYMENT		(\$) 120													

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Deposit Account Number: 02-4377 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Deposit Account Name: Baker Botts LLP </div> <p> The Commissioner is authorized to: (check all that apply) </p> <p> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments </p> <p> <input checked="" type="checkbox"/> Charge any additional fee required under 37CFR 1.16 and 1.17 </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4>1. BASIC FILING FEE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) 0</td> <td></td> </tr> </tbody> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</h4> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td></td> <td>- 20 = 0</td> <td>X</td> <td>= 0</td> </tr> <tr> <td>Independent Claims</td> <td></td> <td>- 3 = 0</td> <td>X</td> <td>= 0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 0</td> </tr> </tbody> </table> </div> </div>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)				(\$) 0				Extra Claims	Fee from below	Fee Paid	Total Claims		- 20 = 0	X	= 0	Independent Claims		- 3 = 0	X	= 0	Multiple Dependent					Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)				(\$) 0
Large Entity		Small Entity		Fee Description			Fee Paid																																																																																																		
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																						
1001	770	2001	385	Utility filing fee																																																																																																					
1002	340	2002	170	Design filing fee																																																																																																					
1003	530	2003	265	Plant filing fee																																																																																																					
1004	770	2004	385	Reissue filing fee																																																																																																					
1005	160	2005	80	Provisional filing fee																																																																																																					
SUBTOTAL (1)				(\$) 0																																																																																																					
		Extra Claims	Fee from below	Fee Paid																																																																																																					
Total Claims		- 20 = 0	X	= 0																																																																																																					
Independent Claims		- 3 = 0	X	= 0																																																																																																					
Multiple Dependent																																																																																																									
Large Entity		Small Entity		Fee Description																																																																																																					
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																						
1202	18	2202	9	Claims in excess of 20																																																																																																					
1201	86	2201	43	Independent claims in excess of 3																																																																																																					
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																					
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																					
SUBTOTAL (2)				(\$) 0																																																																																																					

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	65
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	55
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Lisa B. Kole	Registration No. (Attorney/Agent)	35,225
Signature		Telephone	212.408.2500
		Date	July 30, 2004

BAKER BOTTS



Attorney Docket Number: A34446-A-PCT-USA-A

Title: . GENTLE ACTING SKIN DISINFECTANTS AND HYDROALCOHOLIC GEL FORMULATIONS

Use Space Below for Additional Information:



A34446-A-PCT-USA-A 070050.2534
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Modak et al.

Application No.: 10/785,207

Examiner: To be assigned

Filed: February 24, 2004

Art Unit: 1615

For: GENTLE ACTING SKIN DISINFECTANTS AND HYDROALCOHOLIC GEL
FORMULATIONS

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF
NONPROVISIONAL APPLICATION**

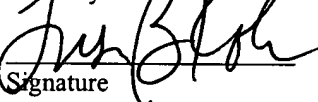
I hereby certify that this paper is being deposited with the United States
Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

July 30, 2004

Date of Deposit

Lisa B. Kole

Attorney Name


Signature

35,225

Registration No.

July 30, 2004

Date of Signature

Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Mail Stop Missing Parts

Sir:

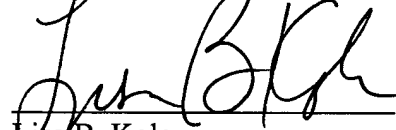
This paper is submitted in response to the Notice to File Missing Parts of Nonprovisional Application ("Notice") issued in the above-identified application on May 19, 2004. Applicants request a one month extension of time and enclose the required fee as set forth in 37 C.F.R. § 1.17(a)(1). Applicants submit herewith a Combined Declaration and Power of Attorney ("Declaration") in compliance with 37 C.F.R. § 1.63. A copy of the Notice is also enclosed.

The Declaration names fifteen attorneys as representatives conferred with the power of attorney. Pursuant to 37. C.F.R. §1.32 (c)(3), Applicants also submit the enclosed separate paper indicating which of the fifteen attorneys are to be recognized by the Patent Office as attorneys of record.

Applicants also enclose the fee required for late filing of a Declaration pursuant to 37 C.F.R. § 1.16(e). If any additional fee is due, or if any overpayment has been made, in connection with the filing of this response, the Commissioner is authorized to charge any such fee or credit any overpayment, to our Deposit Account No. 02-4377. A duplicate copy of this paper is enclosed.

Respectfully submitted,

BAKER BOTTS LLP



Lisa B. Kole

Patent Office Reg. No. 35,225

Attorney for Applicant

30 Rockefeller Plaza
New York, NY 10112-4498
(212)-408-2500